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ABSTRACT

This paper lists practices recommended by the Council for Exceptional Children's Division for Early Childhood concerning the promotion of adaptive behavior skills in early intervention and early childhood special education programs for infants and young children with special needs and their families. An introductory section defines adaptive behavior in early childhood to include the components of self-care, community self-sufficiency, personal-social responsibility, and social adjustment. The paper presents a rationale for inclusion of adaptive behavior in early childhood/early intervention curriculum and discusses how the characteristics of adaptive behavior have direct implications for planning and implementing instruction. Nine recommended practices for adaptive behavior interventions are then listed. (JDD)

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Interventions to Promote Adaptive Behavior Skills

Eva M. Horn

Adaptive behavior is a concept that has played a critical role in intervention for persons with disabilities for many years (Harrison, 1987). This role is particularly evident in the area of eligibility evaluation. The assessment of adaptive behavior is generally necessary before individuals are classified as mentally retarded and, increasingly, before other disabilities are diagnosed (Frankenberger, 1984). In this context, adaptive behavior has been defined as the degree to which individuals meet standards of personal independence and social responsibility appropriate for their chronological age and cultural sub-group (Grossman, 1983).

Defining Adaptive Behavior in Early Childhood

In early childhood special education programs, the concept of adaptive behavior has been less evident, particularly in program planning. Narrower definitions and terminology, such as self-care or self-help skills, are typically used. For example, most curricula and texts in early intervention/early childhood special education include a self-care domain rather than adaptive behavior domain (e.g., Allen & Hart 1984; Bailey & Wolery, 1992). A broader definition of adaptive behavior could be useful for the field. Adaptive behavior should include skills that reflect chronologically-age appropriate skills that meet the demands of children's multiple and unique environments. Independent functioning in these

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environments is the long term goal. Under this definition, the domain of adaptive behavior would include the following components: self-care, community self-sufficiency, personal-social responsibility, and social adjustment.

In early childhood, self-care includes skills of dressing/undressing, eating/feeding, toileting, and grooming (e.g., handwashing, facewashing, toothbrushing). Community self-sufficiency refers to skills that promote age and culturally appropriate functioning with adult supervision within community environments such as restaurants, neighborhoods, and recreational areas. For example, during a church service a child might sit quietly, engage in a "quiet activity" and request only minimal attention from parents. Basic skills in personal/ social responsibility include basic environmental interactions, self-directed behaviors, independent play/self occupation, peer cooperation and interaction, and the assumption of responsibility (e.g.,demonstrates caution avoiding dangers). Finally, the sub-domain of social adjustment would include behaviors such as the ability to adjust to new situations, regularity of behavior patterns (e.g., eating, sleeping), general disposition, tendency to stick to tasks despite obstacles, attention span and degree of distractibility, and amount of stimulation necessary to evoke a response.

Rationale for Inclusion

Several reasons exist for including adaptive behavior in early childhood/early intervention curriculum. First and foremost, independent participation in normal environments is an anticipated outcome of early intervention (Peterson, 1987; Bailey & Wolery, 1992). Children who can dress, feed, and toilet themselves are more independent than children who cannot. Similarly, children's attainment of these skills may decrease

caregiving demands on parents. All children require caregiving, but a child with disabilities may have more intense and enduring caretaking demands (Dyson & Fewell, 1986). Further, many of the behaviors defined as adaptive, such as those listed above under social adjustment and personal/social responsibility, address important socially acceptable behaviors. Attaining these skills results in the child appearing more normal, thus promoting a "fit" within community settings.

Specific characteristics of adaptive behaviors provide logical support for their inclusion in preschool/early intervention curriculum. First, many adaptive behaviors are acquired during early childhood years. Mastery of these skills are part of daily routines for all children with or without disabilities. In addition, the development of these skills may require a long time and be acquired in a hierarchial sequence of simple to complex. For example, the skill area of dressing/ undressing may proceed as follows: cooperating with the adult, anticipating the next step when being dressed by pushing a leg through a pants leg, taking off and putting on simple articles of clothing, managing fasteners and then selecting appropriate clothing based on the context.

The acquisition of adaptive behavior may also appear to have a more immediate, concrete impact, particularly from the family's perspective. Many adaptive behaviors are very visible skills (e.g., using the toilet, feeding oneself, independent play) that provide obvious evidence of accomplishment. Others are tied into safety issues, such as appropriate behavior on supervised community trips (e.g., holding the adult's hand before walking across the street). A few specific skills may even have an immediate economic benefit. For example, toileting and eating of regular food eliminates the need for expensive diaper and

infant foods.

A final reason for the inclusion of the adaptive behavior domain is related to the impact of these skills on the child's sense of competence and self concept. We need only remember the toddler proudly proclaiming, "I did it!" or "Did it myself" upon pulling off her shoe to recognize the tremendous impact mastery of these skills has on the child's sense of self worth.

Implications for Intervention

The characteristics of adaptive behavior have direct implications for planning and implementing instruction. As we noted above, these skills relate to the "fit" of the child within and across multiple settings. It follows that families should know best where their children have deficits that inhibit this "fit". Thus, they should be the primary source for target skill identification. Similarly, adaptive behaviors are typically a part of regularly occurring events that focus on socially prescribed habitual behaviors (e.g., which food requires the use of utensils in eating and which utensil). This requires that the child learn the cultural expectations of self-care and self sufficiency necessary in group settings inside and outside the home. Exactly what skills are learned is determined by the culture of the sub-settings. Finally, there is significant variance in normal developmental sequences with heavy cultural influence (e.g., movement from breast milk or formula to solid food has varied across generations, regions, and/or nationalities from as early as 6 weeks to as late as two years). All of these factors must be considered when determining "what to teach".

As teachers begin implementing instruction it becomes important that opportunities are presented to learn and master skills that meet social expectations. While adaptive behavior

skills are critical and should be taught when they are needed, they are used at a relatively low frequency. Related to this characteristic is the fact that skills must become habitual to be truly functional. That is, they must be performed fluently in response to natural cues, maintained by natural consequences, and performed in varied settings and circumstances. This implies that the interventionist may need to change the traditional instructional settings to reflect the diversity of settings in which the skills naturally occur (e.g., home, community and preschool). In addition, the intervention team may need to make adaptations to schedules in order to increase the opportunities for practicing these skills within the context of routines. Children must be given real life opportunities to practice and thus establish habitual responses to natural cues provided across multiple current and future environments.

Many self-care skills require physiological maturity and learned behavior (e.g., feeding skills, toilet skills). These skills are not discrete behaviors but rather a sequence of behaviors that result in accomplishing a complex function. Early interventionists must be skilled in analyzing the component parts of the complex skills and appropriately assessing each child's current developmental and physiological status in relation to each of these component parts.

Conclusion

In summary, inclusion of the adaptive behavior domain is an important early intervention endeavor. Providing instruction requires that professionals accommodate and adapt to support the specific strengths of individual children and their families. Competent, independent functioning is the long term goal.

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DEC Recommended Practices
Interventions to Promote Adaptive Behavior Skills

Adaptive behavior consists of changes in children's behavior as a consequence of maturation, development and learning to meet increasing demands of multiple environments. Independent functioning in these environments is the long term goal. Instruction requires accommodating and adapting to support the specific strengths of individual children. Comprehensive intervention should address the following subdomains: self-care, community self-sufficiency, personal-social responsibility, and social adjustment.

AB1. Adaptive behavior instruction addresses all areas of self-care such as dressing/undressing, eating/feeding, toileting, and grooming.

AB2. Instruction occurs within the context of daily routines in the home, school, and community settings, and results in the independent use of adaptive behavior skills in multiple environments.

AB3. Adaptive behavior instruction reflects a continuum of skill training that ranges from cooperation with others who are assisting with a task to making choices independently that are appropriate for the social context and setting.

AB4. Professionals collect assessment information on children's temperament—the underlying style of children's behavior that sets the stage for their reactions to the world—and adjust intervention procedures to accommodate styles of temperament.

AB5. Instructional strategies consider infant's/children's state of alertness and responsiveness to stimulation prior to interactions and make necessary accommodations.

AB6. Instruction promotes functioning in age-appropriate ways, with adult supervision, within community environments such as restaurants, neighborhoods, churches, and recreational areas.

AB7. Adaptive behavior instruction addresses basic skills in personal/social responsibility, such as, basic environmental interactions, self-directed behaviors, independent play/self occupation, cooperation and interaction in play, and the assumption of responsibility.

AB8. Adaptive behavior activities, materials, and training strategies are concrete and relevant to the lives of young children and their families.

AB9. Adaptive behavior activities, materials, and training strategies are modified as needed to accommodate children's developmental level, specific sensory impairment, specific physical impairments, or special health conditions (that may require medical equipment).